Change of payment details – Vision Super Income Streams



1. Personal details		Page 1 of 1
Member number:		
Title:	Mr Mrs Miss Ms Other	
Surname:		
Given name/s:		
Date of birth:		
Address:		
Suburb:	State: Posto	code:
Contact phone number:	Mobile No.	
Pension type (pleas Vision Super Account Base Term Allocated pension	Vision Super Non-commutable Account Based pension Non-commutable Term Allocated pension Three Bucket pension	1
	Cy (please choose one option only)	
	receive your pension payments:	7
Twice-monthly M	onthly Bi-monthly Quarterly Four-monthly Half yearly	Annually
	If annually, please choose: Preferred month (please specify)	28 June, or
4. Payment level (plea		
Please indicate your preferred	j payment level:	
Minimum Maximum (capped at 10 Specified amount \$	% for Vision Super Non-commutable Account Based pension accounts) per nominated frequency	
Note: Vision Super Three following the 30 June ann	Bucket members are only permitted to change income payments once a year during a 6 week ual review.	period
5. Declaration by me	ember	
1. I authorise for the paymer	nt level I have specified above to be deposited to my bank account on the frequency I have elected;	
2. I understand that my paym	nent level is subject to the minimum draw down requirement under superannuation law.	
Signature		Date

This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the Privacy Act 1988 and Vision Super privacy policies.

Please read our Personal Information Collection Statement at visionsuper.com.au/privacy



Please forward this completed form to: PO Box 18041, Collins Street East, VIC 8003